

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD 262 (REV. 8/93)

See Instructions and *Privacy
 Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Terri Delgadillo		SSAN OR EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Developmental Services	
POSITION Director	CBAD NUMBER E99	DIVISION OR BUREAU DIRECTOR'S OFFICE		INDEX NUMBER 473-001	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1600 9th Street, Room 240		TELEPHONE NUMBER 654-1897	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
March 2009				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE			
(2) DATE	TIME										MILES	AMOUNT		
March 2	8:00A 10:30P	Burbank			18.00			PC A/R/C		20	11.00		29.00	
March 19	4:30P	Ontario	94.12		18.00			PC A					112.12	
March 20	3:00P	Ontario		6.00				A PC	9.00	20	11.00		26.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			94.12	6.00	0.00	36.00	0.00	0.00		9.00	40	22.00	0.00	167.12
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$ 167.12

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 2—Stakeholders Forum
 March 19-20—ARCA Board of Directors Meeting

(12) NORMAL WORK HOURS

8a to 5p

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.55

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE
 [REDACTED]

DATE
 3/27/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE
 3/27/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)